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009629 7590 02/27/2004

**MORGAN LEWIS & BOCKIUS LLP**  
**1111 PENNSYLVANIA AVENUE NW**  
**WASHINGTON, DC 20004**

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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08/866,279

05/30/1997

SUSAN M. DYMECKI

~~234895~~  
**056100-5020-01**

9567

TITLE OF INVENTION: USE OF FLP RECOMBINASE IN MICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

YES

\$665

\$300

\$965

05/27/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
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FALK, ANNE MARIE

1632

800-003000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **MORGAN, LEWIS &**
2. **BOCKIUS LLP**
3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CARNEGIE INSTITUTION OF WASHINGTON

WASHINGTON, D.C.

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 4

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0310 (enclose an extra copy of this form). **Any**Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. **Deficiencies.**(Authorized Signature) Bonnie Weiss McLeod (Date)**Bonnie Weiss McLeod Reg. No. 43,255 4/28/2004**

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04/29/2004 LWONDIM2 00000173 500310 08866279

01 FC:2501

665.00 DA

02 FC:1504

300.00 DA

03 FC:8001

12.00 DA

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